

Rico Gamino Jr

From: Rico Gamino Jr
Sent: Wednesday, April 28, 2021 2:41 PM
To: Herman Ayala
Cc: Procurement
Subject: RE: EME PO: WPH Cubicle Rebuild

Herman,

Please provide emergency PO number 303-1-8037 to the vendor for billing. Also include the PO number and this email when you enter the requisition.

Thank you,

Rico Gamino, Procurement Director
Texas Facilities Commission
512-936-3567

From: Herman Ayala <Herman.Ayala@tfc.texas.gov>
Sent: Monday, April 26, 2021 3:40 PM
To: Procurement <Procurement@tfc.state.tx.us>
Subject: EME PO: WPH Cubicle Rebuild

Good afternoon team procurement,

Attached is an estimate not to exceed for cubicle rebuild for WPH. Please provide a EME PO, the contractor who dis-assembled the cubicles due to the Feb freeze has a two day window to accommodate the projected completion date in order for TFC to complete the tenant space for tenant move in. Please let me know if you have any questions.

Thanks,

Herman Ayala

Program Supervisor III | C (512) 569-9885
Herman.ayala@tfc.state.tx.us
Texas Facilities Commission
Our Legacy: Build. Support. Maintain.



****TFC – Where Service is our commitment through I.C.A.R.E. Values****

From: Robert Cotton <logicalofficefurniture@gmail.com>
Sent: Thursday, April 22, 2021 1:29 PM
To: Shane Howell <david.howell@tfc.texas.gov>
Cc: Samuel Coonrod <Samuel.Coonrod@tfc.texas.gov>; Arielle Glath <ariellelof@gmail.com>; Herman Ayala

At the end of the Day I prefer option 2 not only because of the electrical but also the layout of the room is so odd that not having to spline all the power together will allow me to create larger work stations in the space and overall a better flow in the space.

I will do a layout for both options to Mr. Ayala once approved. I Will copy everything so we can get on the same page.

Also who is pulling and running the Voice and Data just to get everyone on page .

Aluminum Flexible Conduit

On Tue, Apr 20, 2021 at 11:58 AM Samuel Coonrod <Samuel.Coonrod@tfc.texas.gov> wrote:

Glad to meet you Robert, hope this finds you well.

--
Logical Office Furniture, LLC.

15501 Ranch Road 620 North #100, Austin, TX 78717

Robert Cotton Cell: (512) 786-6622

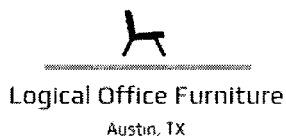
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Logical Office Furniture, LLC.

15501 Ranch Road 620 North #100, Austin, TX 78717

Robert Cotton Cell: (512) 786-6622

Logical Office Furniture,
LLC.

(512) 786-6622
logicalofficefurniture@gmail.
com
www.LogicalOfficeFurniture.
com



Quote

ADDRESS

Herman Ayala
Texas Facilities Commission

QUOTE # TFC210426

DATE 04/26/2021

ACTIVITY	QTY	RATE	AMOUNT
Sales	1	0.00	0.00
Used C Leg and V channel (10 ea.) included in pricing upon completion of project.			
Labor	1	0.00	0.00
\$35.00 per man hour plus with labor to be done between 10-5 with a one time truck fee of \$100.00. Job should take two to three days beginning April 27th Tuesday. Total project (incl. additional parts) not to exceed \$4500.00.			

Thank you for your business
Robert A Cotton
Logical Office Furniture

TOTAL

\$0.00

Accepted By

Accepted Date



Texas Facilities Commission

1711 San Jacinto
Austin, Texas 78711-3047
Phone: (512) 463-3446

Fax: (512) 475-0313

Work Order 760452

☐ Chargeable

Service Carpentry Repair (Interior)
Property WPH2
Shop Carpentry
Supervisor AYALA, HERMAN
Agency No. 303

Issued 4/6/2021 3:43:04 PM
Due 4/9/2021
Status Open
Substatus

Priority 3
Type Carpentry
Taken By SH

Description repair the areas that were affected by remediation.

Asset 4th FLOOR	Building Mgr EDWARDS, KENDRA
Description	Phone C: 512-569-9445
Location Floor: 04	
Building WPH2	Requested 4/6/2021 3:42:52 PM
Parent	Requester Shane Howell
Manufctr	Phone 512-402-4442
Model No	<input type="checkbox"/> Shutdown <input type="checkbox"/> Lockout/Tagout
Serial/Decal No	<input type="checkbox"/> Warranty <input type="checkbox"/> Safety

Labor	Org Code	Date	Hours:	Reg.	O.T.	Dbl.	Other
ESTRADA, BENNIE	0442	4/21/2021					
ESTRADA, BENNIE	0442	4/22/2021					
HICKMAN, JONATHAN	0442	4/8/2021					
HICKMAN, JONATHAN	0442	4/14/2021					
JERNIGAN, HENRY	0442	4/13/2021					
JONES, WALLACE	0442	4/15/2021					
JONES, WALLACE	0442	4/22/2021					
MARQUEZ, MARK	0442	4/23/2021					
MARQUEZ, MARK	0442	4/13/2021					
MUNIZ, MICHAEL	0442	4/7/2021					
QUIROZ, STEVE	0442	4/13/2021					
WILLIE, CHARLIE	0442	4/22/2021					

Parts	Description	Location	Aisle/Shelf/Bin	Qty Iss	Qty Used
12164	STUD. METAL. 3 5/8 X 9 FT. 20 GAUGE	PKR-WALL-RECEI	WALL	1	

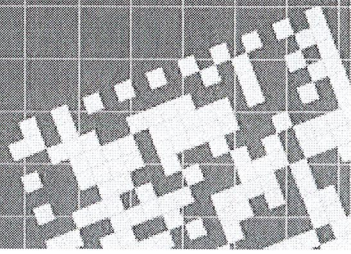
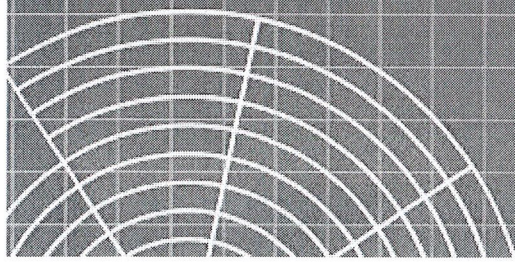
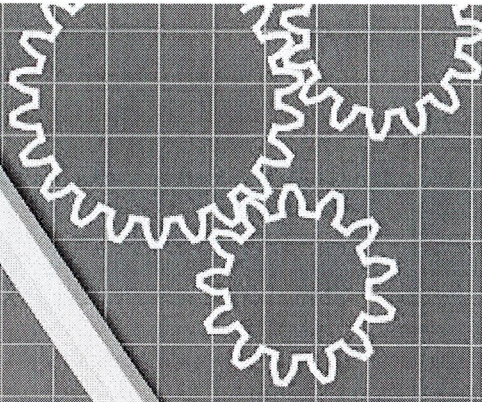
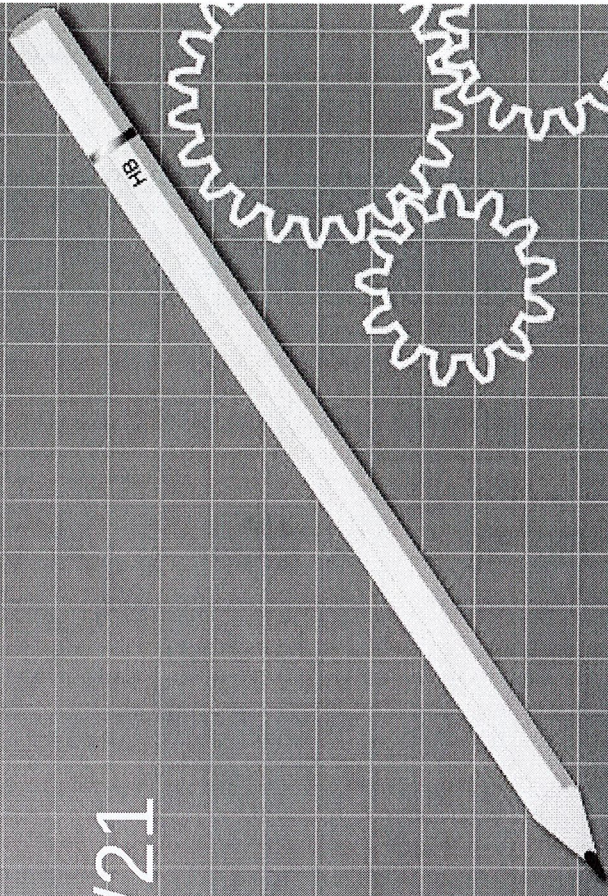
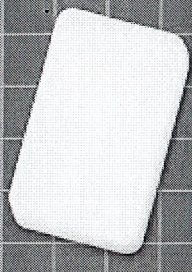
Other Costs	Description	Est. Cost
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Contract Invoices	Date
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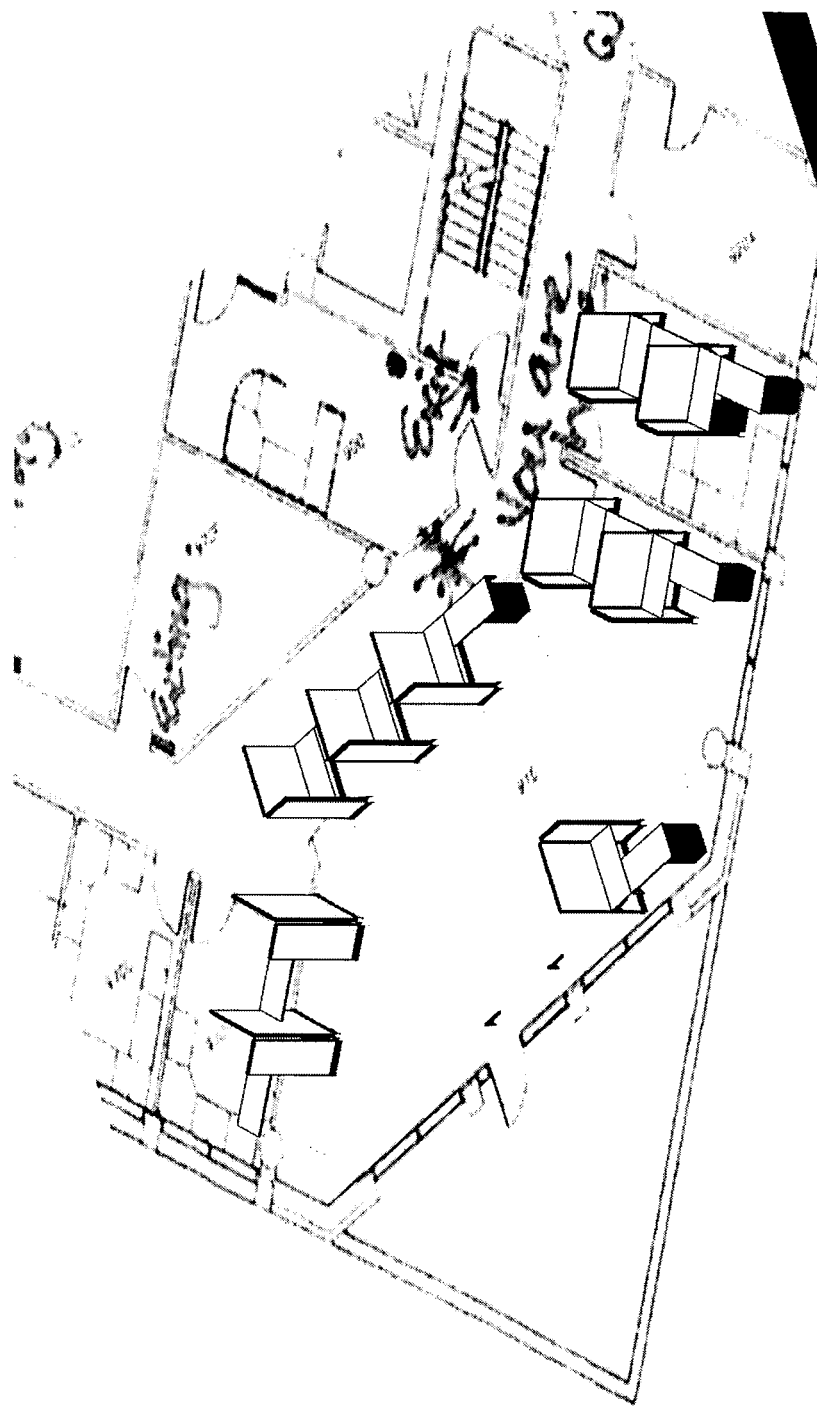
Comments: 4/13/2021 3:10:09 PM jernigan_h> Henry squared up opening and cleaned sheet rock out of door frames and

333 Reconfigure

R.C. 4/22/21



3D



Additional pars needed

- Used C leg 10
- V chanel – 10
-
-
-
- Total on used product needed \$ 400.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/28/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Grayhawk Insurance & Risk 1820 N. Greenville Ave., Suite 200 Richardson TX 75081-		CONTACT NAME: Grayhawk Insurance & Risk Management PHONE (A/C, No, Ext): (972)671-9105 FAX (A/C, No): (972)671-9804 E-MAIL: dp@grayhawkins.com ADDRESS:		
INSURED Logical Office Furniture, LLC 15501 Ranch Rd 620 N., Ste 100 Austin TX 78717-		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Liberty Mutual Insurance		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS57446597 20	07/15/2020	07/15/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAS57446597 20	07/15/2020	07/15/2021	COMBINED SINGLE LIMIT (Per accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO57446597 20	07/15/2020	07/15/2021	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A		XWS57446597 20	07/15/2020	07/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Installation Floater			BKS57446597 20	07/15/2020	07/15/2021	Limit	25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THE GENERAL LIABILITY AND AUTO POLICIES INCLUDE BLANKET AUTOMATIC ADDITIONAL INSURED ENDORSEMENTS THAT PROVIDE ADDITIONAL INSURED STATUS ONLY WHEN THERE IS A WRITTEN CONTRACT WITH THE NAMED INSURED REQUIRING SUCH STATUS. THE GENERAL LIABILITY, AUTO AND WORKERS COMPENSATION POLICIES INCLUDE BLANKET WAIVER OF SUBROGATION ENDORSEMENTS THAT PROVIDE THIS FEATURE ONLY WHEN IT REQUIRED IN A WRITTEN CONTRACT WITH THE NAMED INSURED. THE GENERAL LIABILITY POLICY WILL BE PRIMARY AND NON-CONTRIBUTORY WHERE IT IS REQUIRED BY CONTRACT. UMBRELLA POLICY SHALL BE FOLLOW FORM. A 30 DAY NOTICE OF CANCELLATION, EXCEPT FOR NON-PAYMENT OF PREMIUM, IS INCLUDED WHERE REQUIRED BY CONTRACT.

CERTIFICATE HOLDER TEXAS FACILITIES COMMISSION 1711 SAN JACINTO BLVD. AUSTIN TX 78701-	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AI 013478

14:37:44 Wednesday, April 28, 2021

PYADDR.18130538053.

MAIL CODES DO NOT EXIST; MASTER SETUP REQUIRED

14:37:49 Wednesday, April 28, 2021

PYHOLD.18130538053.

NO PAYEE HOLD INFORMATION EXISTS

[View assistance for SAM.gov](#)

A NEW WAY TO SIGN IN - If you already have a SAM account, use your **SAM email** for login.gov.

[Log In](#)[Login.gov FAQs](#)

- ⚠️ ALERT: SAM.gov will be completely unavailable due to scheduled maintenance from Friday, May 21 at 4:00 PM EST through Monday, May 24 at 9:00 AM EST as it is upgraded to the modernized environment. [Learn more.](#)
- ⚠️ ALERT: Small business owners who seek to participate in the Restaurant Revitalization Fund (RRF) will not be required to have a DUNS Number, will not need to register in SAM.gov, and will not need a CAGE Code. SBA will share more information on the RRF soon. Visit [SBA](#) to stay informed.
- ⚠️ ALERT: Each entity registration expiring between April 1 and September 30, 2021 will have an additional 180 days added to its expiration date. Read more about the extension on [Interact.](#)
- ⚠️ ALERT: SAM.gov will be down for scheduled maintenance Saturday, 05/15/2021 from 8:00 AM to 1:00 PM.
- ⚠️ ALERT: Shuttered Venue Operators Grant (SVOG) Applicants - Applicants for relief under the SVOG program are required to register in SAM.gov. If you have submitted your SAM.gov registration, but the registration is not yet active, you can still apply for relief under the SVOG program. During the SVOG application process, you will have to attest that you have submitted your SAM.gov registration. To stay informed, please visit [SBA](#).

Search Results

Current Search Terms: logical office furniture*

Total records:0

[Save PDF](#)[Export Results](#)[Print](#)

Result Page:

Sort by Relevance ▼ Order by Descending ▼

Your search for logical office furniture* returned the following results...

No records found.

Result Page:

[Save PDF](#)[Export Results](#)[Print](#)

IBM-P-20210314-0806
WWW5

Search Records	Disclaimers	FAPIS.gov
Data Access	Accessibility	GSA.gov/IAE
Check Status	Privacy Policy	GSA.gov
About		USA.gov
Help		

This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

DEBARRED VENDOR LIST

The following vendors shown below are debarred from doing business with the State of Texas, effective from the date of debarment for the length of time indicated. Whether they are listed below or not, the debarred vendors include the vendors' successors in interest as defined in Rule §20.102(b)(4).

Last updated: 8/17/20

Vendor ID Number	Vendor Name/Address	Date of Debarment	Length of Debarment
1760677671800	Texas Code Blue 5550 Eastex Fwy, Suite # L Beaumont, TX 77708-5300	October 24, 2016	5 Years

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. LOGICAL OFFICE FURNITURE	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► C <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 15501 RANCH ROAD 620 N SUITE 100	Requester's name and address (optional)
6 City, state, and ZIP code AUSTIN, TX 78717	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
OR	
Employer identification number	
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 3-8-21
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/28/2021

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PRODUCER Grayhawk Insurance & Risk 1820 N. Greenville Ave., Suite 200 Richardson TX 75081-	CONTACT NAME: Grayhawk Insurance & Risk Management	
	PHONE (A/C, No., Ext.): (972)671-9105 FAX (A/C, No.): (972)671-9804	
	E-MAIL ADDRESS: dp@grayhawkins.com	
INSURED Logical Office Furniture, LLC 15501 Ranch Rd 620 N., Ste 100 Austin TX 78717-	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Liberty Mutual Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BKS57446597 20	07/15/2020	07/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAS57446597 20	07/15/2020	07/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 OCCUR CLAIMS-MADE			USO57446597 20	07/15/2020	07/15/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	XWS57446597 20	07/15/2020	07/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Installation Floater			BKS57446597 20	07/15/2020	07/15/2021	Limit 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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CERTIFICATE HOLDER**CANCELLATION**

AI 013478

TEXAS FACILITIES COMMISSION
1711 SAN JACINTO BLVD.
AUSTIN TX 78701-

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE